

# STANDARD PROCEDURES ALGORITHM FOR CONNECTICUT PHARMACIST PRESCRIBING OF CONTRACEPTIVES

## 1) Pregnancy Screen

Evaluate the responses to the Connecticut Routine Hormonal Contraceptive Self-Screening Questionnaire

**IF "YES" TO AT LEAST ONE and free of pregnancy symptoms, proceed to next step.**

**IF "NO" TO ALL of these questions, pregnancy CANNOT be ruled out. - Do not prescribe contraceptive. REFER TO PRACTITIONER**

Possible  
Pregnancy

Patient is not pregnant

## 2) Health and History Screen

Review Hormonal Contraceptive Self-Screening Questionnaire  
To evaluate health and history, refer to the USMEC.

**IF ALL Scores are: 1 or 2 (green boxes) - Hormonal contraception indicated, proceed to next step.**

**IF ANY Score: 3 or 4 (red boxes) - Hormonal contraception is contraindicated. - REFER**

Contraindicating  
Condition(s)

**NO** Contraindicating Conditions

## 3) Medication Screen (Questionnaire #20)?

Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturates, herbs & supplements including but not limited to:

carbamazepine	lamotrigine	primidone	topiramate	lumacaftor/ivacaftor
felbamate	oxcarbazepine	griseofulvin	phenytoin	rifampin/rifabutin
phenobarbital	ritonavir	St. Johns Wort	<b>(Always utilize most current USMEC)</b>	

Contraindicating  
Medication(s)

**NO** Contraindicating Conditions

## 4) Blood Pressure Screen

Is the patient's blood pressure <140/90?

*Note: Pharmacist may choose to take a 2nd reading if the initial result is high.*

BP>140/90

Blood Pressure <140/90

## 5) Evaluate patient history, preference and current therapy for selection of treatment.

Not currently on birth control

Currently on birth control

REFER to  
Practitioner

### 5a) Choose Contraception

Initiate contraception with a maximum 12-month supply based on patient preferences, adherence and history for new therapy.

### 5b) Choose Contraception

Continue contraception with a maximum 12-month supply if no change necessary; **-or-**  
Alter therapy based on patient concerns (side effects) or refer if appropriate.

## 6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable)

- Counseling - Quick Start - Instruct patient she can begin contraceptive today; use backup method for 7 days.
- Counseling - Discuss management and expectations of side effects (bleeding irregularities, etc.).
- Counseling - Discuss adherence and expectations for follow-up visits.

## 7) Discuss and Provide Referral/Visit Summary to Patient

Encourage: Routine health screens, STI prevention and notification to care provider.